

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Total Indep	Total Depend	Total Claims	* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend				Indep	Depend	Indep	Depend	Indep	Depend
1										11					
2										52					
3										53					
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44										94					
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46										96					
47										97					
48										98					
49										99					
50										100					
Total Indep										Total Indep					
Total Depend										Total Depend					
Total Claims										Total Claims					